

Community Health Plan of Washington Disability Screening Tool

Definition of disability: [Social Security](#) (SSA) law defines disability as the inability to engage in any substantial gainful activity (SGA) by reason of any medically determinable physical or mental impairment(s) which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.

A. Disability Screening:

1. Does the patient have [presumptive SSI](#) listing diagnosis? ☐ YES ☐ NO. If yes, go to section B.
2. Does the patient have a diagnosis listed as a [Compassionate Allowance](#)? ☐ YES ☐ NO. If yes, go to section B.
3. Does the patient have a diagnosis of chemical dependency or abuse? ☐ YES ☐ NO. If No, go to question 6.
4. Has the patient completed chemical dependency treatment? ☐ YES ☐ NO. If yes, go to section B.
5. Do psychiatric history records establish that the mental health condition predates chemical dependency, or that symptoms persisted during periods of abstinence? ☐ YES ☐ NO. If yes, go to section B. If no, review for disability after patient completes chemical dependency treatment.
6. Has the patient been diagnosed with a mental health illness that precludes any type of employment for at least one year? ☐ YES ☐ NO. If yes, go to section B.
7. Does the patient have a diagnosis of a significant mental health impairment that limits employment, and significant physical impairments, that are expected to last at least 12 months? ☐ YES ☐ NO. If yes, go to section B.

- B. **Disability Referral:** Documentation of the existence of a claimant's impairment must come from medical professionals defined by SSA regulations as "[acceptable medical sources](#)." Once the existence of an impairment is established, all the medical and non-medical evidence is considered in assessing impairment severity. DDDS will schedule a consultative examination with a contracted physician or psychologist if a diagnosis from an acceptable medical source is not available.

Patient/Client Name:	Client ID:	Date of referral:
Mental Illness Diagnosis:		Onset Date:
Physical Diagnosis:		Onset Date:
Chemically Dependent? <input type="checkbox"/> YES <input type="checkbox"/> NO	Completed Treatment? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Completion:
Presumptive listing? <input type="checkbox"/> YES <input type="checkbox"/> NO	Compassionate Allowance? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Diagnosis by an acceptable medical source? <input type="checkbox"/> YES <input type="checkbox"/> NO (attach record)		Date of Diagnosis:
Current medical records attached? <input type="checkbox"/> YES <input type="checkbox"/> NO (attach records)		Dates of records:
Notes:		